

ASS. REC. BY:

REF:

AGZ/ 210113621KV f3

C

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SMS 9650K

Policy No. _____

Claims No. C10012344/JM

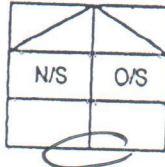
Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHD 358C

Yr Regn: 03, 16

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Renault Latitude

c.c. 1995

Colour M. White / Red

A/C: Insured / Std / NI / NA

Sp. Reading 522283

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VIFI ABL 15AUC 282692

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: M11 / S/Rim / STD A/Rim or

Tyre Size: F: 215/60R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHSU / PIR / SUMI /
TOYO / YOKO or Sailun

Front

Rear

R/Bal. 8 mm

R/Bal. 7 mm

L/Bal. 8 mm

L/Bal. 7 mm

D.O.A. 4/11/21

D.O.A. 8/11/2021

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

10/11/21 11:00 AM @ 1200h Carbur (Red 12,789.17, 91%)

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 15/11/21-typist

Days Of Repair: 2

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS. \$

Fees

Others

TOTAL

Report Format: TP

Lump Sum / L.B.I: (\$ 1200)

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	878K
Vehicle Details	
Vehicle No.:	SHD358C
Vehicle to be Exported:	Yes
Intended Deregistration Date:	05 Nov 2021
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2015
Engine No.:	M9R8839C002729
Chassis No.:	VF1ABL15AUC282692
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	17 May 2016
First Registration Date:	17 May 2016
Transfer Count:	0
Actual ARF Paid:	\$19,998.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	16 May 2024
PARF Rebate Amount:	\$13,998.00
Intended COE Rebate Details	
COE Expiry Date:	16 May 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$36,463.00
COE Rebate Amount:	\$11,529.00
Total Rebate Amount:	\$25,527.00
Message	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 05 Nov 2021

OK

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	05/11/2021 18:55 (SGT)
Date of Accident	04/11/2021 13:30 (SGT)
Exact Location of Accident	Near 15 Woodlands Drive 72, Singapore 738096
Additional Location Information	JUNCTION OF WOODLANDS AVE 7 AND WOODLANDS DR ST 73
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD358C
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Company Reg No	2XXXXXX78K
Email Address	claims@transcab.com.sg
Mobile Phone No	(Phone) +65-62876666
Alternative Phone No	(Office) +65-62876666

VEHICLE PARTICULARS

Manufacturer	Renault
Model	LATITUDE 2.0L DCI AUTO D/AB 4DR
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	VFX/P2413997
Cover Note Number	-

DRIVER

Name of Driver	HARI SINGH S/O GERNAIL SINGH
----------------	------------------------------

NRIC No	SXXXX376J
Date Of Birth	03/03/1959
Occupation	Outdoor
Date Of Driving Pass	13/03/2002
Driving experience	19 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94325616
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	693D WOODLANDS AVE 6
Address complement	#09-787
Postcode	734693
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Thomson Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004529999
Alt. Police Station Phone No	(Fax) +65-65535740
Police Station Address	Blk 25 Sin Ming Road #01-180 Singapore 570025
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMS9650K
Vehicle Manufacturer	Honda
Vehicle Model	FIT 1.3GF CVT
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	HARI SINGH S/O GERNAIL SINGH
Gender	Male
Phone No	(Phone) +65-94325616
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD358C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

SKETCH PLAN

IMPORTANT NOTICE

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
 - (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this Form and any other personal information provided by me or provided by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Ministry of Transport, the Ministry of Police and any relevant government agency/authority (such as the police), for the purposes of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the making of correspondence, statements, inquiries, reports or notices to me, which could involve disclosure of certain personal data about me to third parties or delivery of the same as well as on the external cover of envelope/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes");
 - (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
 - (c) my Personal Information may/are be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes;
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims;
 - (e) the information so collected under (a) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud;
 - (ii) regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (iii) for complying with requirements under any regulations, laws or court orders.

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
WONG JUN KEAT

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

5/11/2021

SKETCH PLAN #2

ACCIDENT BY

LANDJANBS DO ST 73

A: 800358C
B: 8009650K

WONG JIN KEAT

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
WONG JIN KEAT

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN #3

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

DECLARATION

I/We declare that foregoing particulars are true to every respect.

**VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
WONG JUN KEAT**

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 5/11/2021

Reporting Officer (Personnel's Signature)
Name:
NRIC/IN No.:

Trans-cab Auto Services Pte Ltd

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHD358C**AADD2111-***Not Notified**1/12/2021*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

08 NOV 2021**SHD358C**

VF1ABL15AUC282692

RENAULT

LATITUDE

04/11/2021

AUTO & GEN

17/05/2016

PART

- 1 BUMPER COVER REAR
- 1 BUMPER LOWER REAR
- 1 BUMPER BRACKET CTR REAR
- 1 BUMPER BRACKET SIDE RH REAR
- 1 BUMPER RETAINER RH REAR
- 1 BUMPER BRACKET SIDE LH REAR
- 1 BUMPER RETAINER LH REAR
- 1 BUMPER BEAM REAR
- 1 OUTER PANEL REAR (End Panel)
- 1 OUTER PANEL REAR (End Panel)TRIM

LIST	
\$	<i>Bumper</i> 561.70 ✓
\$	<i>Del/Lin</i> 411.90 ✓
\$	<i>SL</i> 98.10 X
\$	<i>SL</i> 82.10 X
\$	<i>SL</i> 59.80 X
\$	<i>SL</i> 80.80 X
\$	<i>SL</i> 54.20 X
\$	<i>RL</i> 547.80 X
\$	<i>RL</i> 745.80 X
\$	<i>SL</i> 404.56 X
\$	3,046.76
10% \$	304.68
\$	2,742.08

Special Nett

- 1SET PARKING AID
- 1SET REAR BUMPER CLIP
- 1SET BUMPER BRACKET CTR CLIP
- 1SET BUMPER BRACKET SIDE CLIP RH RR
- 1SET BUMPER RETAINER RH CLIP RR
- 1SET BUMPER BRACKET SIDE CLIP LH RR
- 1SET BUMPER RETAINER CLIP LH RR
- 1SET BUMPER LOWER REAR CLIP

\$	<i>RL</i> 700.00 X
\$	<i>RL</i> 66.00 ✓
\$	<i>RL</i> 33.00 X
\$	<i>RL</i> 10.00 X
\$	<i>RL</i> 20.00 X
\$	<i>RL</i> 10.00 X
\$	<i>RL</i> 20.00 X
\$	<i>RL</i> 66.00 ✓
TOTAL \$	925.00
TOTAL PARTS \$	3,667.08

LABOUR

Trans-cab Auto Services Pte Ltd**AADD2111-**

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHD358C

Putty And Spray Painting Of The Affected Portion.	\$	3,000.00	2201
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	3,000.00	2001
To Rust-Proofing Of The Affected Areas.	\$	~ 170.00	X
To reinstall rear bumper parking sensor.	\$	170.00	601
To transfer of bootlid fittings, attachments and perform water seepage test.	\$	~ 170.00	X
To repair and realign rear exhaust pipe.	\$	~ 170.00	X
To drop rear exhaust box, renew the same, to repair and realign centre exhaust pipe.	\$	~ 170.00	X
To transfer of rear end panel fittings, attachment and perform water seepage test.	\$	~ 170.00	X
To transfer of rear windscreen fittings and conduct water seepage test.	\$	~ 170.00	X
To check steering geometry and computer wheel alignment	\$	~ 220.00	X
To Check Electrical Lighting Concerned.	\$	~ 170.00	X

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

TOTAL \$ 7,580.00**Over All Total \$ 13,989.17****(LUMP SUM)****Repair Days****20 DAYS**
2 days